MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 -62-004143

Registration District No. XC 42622 Primary Registration District No. SL 3130 Registrar's No. 544 STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b: 111 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY Bond
c. CITY OR TOWN GREENVILLE Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 722 SOUTH 4th STREET Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First ROSCOE Middle T Last MC CASLAND
4. DATE OF DEATH Month 1/11/62 Day Year
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/23/00
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and state or country) BOND CO. ILL.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THEODORE MC CASLAND
13b. MOTHER'S MAIDEN NAME CAPTOLIA DEWEY
14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT Address ADA WILDERMAN (SISTER) SEE # 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for [a], [b], and [c].) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HYPOVOLEMIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) DIARRHEA AND CACHEXIA
OPERATIVE.
DUE TO (c) CARCINOMIA OF COLN AND TONGUE, RECENT POST*
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 9/22/61, to 1/11/62 and last saw him alive on 1/11/62
Death occurred at 6:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M. Toomey (Degree or title) M.D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 1/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 15-1962
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Greenville, Ill.
24. FUNERAL DIRECTOR ADDRESS T. Dewey, Greenville, Ill.
25. DATE RECD. BY LOCAL REG. JAN 19 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
9			

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signed John J Kavaly III
Signature of Student Embalmer

Licensed Embalmer No. 5039

P. O. Address E St Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.